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HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 12 MED-QUEST DIVISION

CHAPTER 1711

APPLICATION PROCESSING REQUIREMENTS

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§17-1711-1 Purpose. This chapter describes the rights and responsibilities of the applicant, and the process by which application for medical assistance shall be disposed. [Eff 08/01/94] (Auth: HRS §§346-14, 346-53) (Imp: HRS §346-29)

§17-1711-2 Definitions. For the purpose of this chapter:

"Application" means a written request on the department's application form.

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"Authorized representative" means a person designated by the head of a household, the spouse, or other responsible household member, to act on behalf of a household in applying for medical assistance.

"Collateral contact" means verification of a household's statements through a personal or telephone contact with a person outside a household.

"Date of application" means the date the med-QUEST division eligibility office or family and adult services division income maintenance unit receives the signed application form or other form prescribed by the department."

"FASD" means family and adult services division.

"INS" means the Immigration and Naturalization Service, United States Department of Justice.

"Notice of adverse action" means an adequate and timely advance notice which shall be sent to a household to inform the household of action planned to reduce or terminate program benefits.

"Open application period" means the only period during which applications shall be accepted from individuals subject to the maximum statewide enrollment provision described in section 17-1727-26. This period shall be established when the statewide enrollment on the last day of the previous calendar year is at least five thousand less than the maximum enrollment allowed in section 17-1727-26. The open application period shall occur in July of the following calendar year. An open application period shall not occur more than once per calendar year.

"Verification" means the use of third party information or documentation to establish the accuracy of statements on an application. [Eff 08/01/94; am 01/29/96; am 06/19/00; am 02/16/02] (Auth: HRS §346-14) (Imp: HRS §346-29)

17-1711-3 Individuals who may apply. (a) An individual, to include individuals below twenty-one years, may apply for medical assistance. If the applicant is incapable of acting on the applicant's own behalf or is deceased, the following persons may apply on behalf of the applicant:

- (1) The applicant's guardian, conservator, or executor;
- (2) A person who knows of the applicant's need to apply;
- (3) A representative of a public agency; or

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- (4) Other responsible and concerned persons.
- (b) Applications for QUEST coverage, from individuals subject to the maximum enrollment provision described in section 17-1727-26, shall be accepted during an open application period to be announced by the Department.
 - (1) Applications received during this open application period shall be processed within each med-QUEST eligibility office in the chronological order of their receipt by the med-QUEST Division.
 - (2) Individuals who are found eligible during this open application period shall be enrolled in participating health plans until the maximum enrollment allowed by section 17-1727-26(a) is reached.
 - (3) All pending applications received during the open application period shall be discontinued when the maximum enrollment is reached.
[Eff 08/01/94; am 01/29/96] (Auth: HRS §§346-14, 346-29) (Imp: 42 C.F.R. §§435.906, 435.907)

§17-1711-4 Individuals not required to apply.
The following individuals shall have eligibility for medical assistance established automatically:

- (a) Individuals applying for and approved for financial assistance under the AABD or GA for single persons programs, excluding certain aliens described in section 17-1714-33;
- (b) Individuals receiving Title IV-E foster care maintenance payments, who are:
 - (1) Under twenty-one years of age;
 - (2) Certified by a social worker of the department to be eligible for Title IV-E foster care maintenance payments; and
 - (3) Placed in a licensed or authorized foster home or child caring institution, appropriately supervised by a licensed child placement agency or the state family court; or
- (c) Individuals covered under Title IV-E Adoption Assistance Agreements, regardless of the state with which the adoptive parents entered into the agreement, who are:
 - (1) Under twenty-one years of age;
 - (2) Reside in the State of Hawaii; and

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(3) Reside in a subsidized adoptive home.
[Eff 08/01/94; am 12/03/01] (Auth: HRS
§346-14) (Imp: 42 C.F.R. §435.403, 435.903)

§17-1711-5 Rights of the applicant. (a) Each person or family wishing to apply for assistance shall be given the application packet which consists of the department's application form, informational material on the applicant's right to hearing, the applicant's rights and obligations, and the applicant's right to request an interpreter to assist with the application process. The application packet may be mailed to the family, or may be given to the applicant or the applicant's representative at any med-QUEST eligibility office or FASD income maintenance unit.

(b) An applicant may be assisted in the various aspects of the application process by an individual of the applicant's choice. That individual may accompany the applicant in contacts with the department and may also represent the applicant.

(c) The department shall assist the applicant by identifying the documents that are needed to support the request for medical assistance.

(d) An applicant may request a hearing when the applicant is not satisfied with the department's decision regarding the application.
[Eff 08/01/94] (Auth: HRS §346-14) (Imp: HRS
§346-29; 42 C.F.R. §§435.905 - 435.908)

§17-1711-6 Responsibilities of the applicant.

(a) The applicant shall:

- (1) Provide the department with information, supported by documents, to establish the value of the applicant's assets and the amount of income received as applicable.
- (2) Apply for and develop potential sources of income and assets as applicable; and
- (3) Meet all of the nonfinancial requirements of the coverage groups that are applicable to the applicant.

(b) The applicant who fails to meet all of the conditions in subsection (a) shall be ineligible for medical assistance. [Eff 08/01/94] (Auth: HRS
§§346-14, 346-29) (Imp: HRS §346-53; 42 C.F.R.
§435.603)

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17-1711-7 Filing an application. (a) The application process shall begin with an applicant's request for an application form and shall end with the department's notification of disposition to the applicant. The process shall involve the following:

- (1) Making applications available;
- (2) Assisting an applicant in the completion of the request for an application form and shall end with the department's notification to the applicant of its eligibility;
- (3) Interviewing the applicant or an authorized representative;
- (4) Obtaining necessary verification, including use of collateral contacts; and
- (5) Preparing necessary documents to authorize the issuance of benefits to eligible applicants.

(b) An individual or family applying solely for medical assistance shall submit a completed application or other form prescribed by the department, an assignment of known third party liability resources, and child support forms prescribed by the department. The forms shall be signed under penalty of perjury by the applicant and all adults included in the application, by the applicant's authorized representative, or by an individual acting on behalf of an applicant who is incompetent or incapacitated.

(c) The individual or family becomes an applicant when the signed application form or other prescribed form is received by the department.

(d) An applicant shall cooperate in the application process which shall consist of completing an application form, being interviewed, and verification by the department of circumstances relating to an applicant's eligibility. [Eff 08/01/94; am 01/29/96] (Auth: HRS §346-14) (Imp: 42 C.F.R. §435.907)

§17-1711-8 Emergency processing. (a) An applicant shall be entitled to emergency processing within forty-eight hours or two working days if:

- (1) The applicant is suffering from a medical condition for which covered medical services are available; and
- (2) Any of the following consequences would result from a medical condition not immediately treated:
 - (A) Serious risk of disease;

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(B) Threat to life or vital function;
(C) Serious health complication; or
(D) Serious irreparable harm.

(b) The department shall determine whether an applicant meets the requirements for emergency processing of the medical assistance application. In order to assist in this determination, applicants shall provide:

- (1) A written statement from a licensed physician or dentist with:
 - (A) The nature of the medical condition;
 - (B) A statement certifying that immediate medical treatment for the condition is required because of any of the reasons in subsection (a); and
 - (C) A statement certifying that the urgently necessary medical treatment services will not be available to the applicant without a determination of eligibility or ineligibility for medical assistance by the department; or
- (2) The name and telephone number of a licensed physician or dentist, when a written statement is not available, who is able to confirm the existence of any of the conditions in subsection (a). This verbal verification shall be followed by a written statement by the physician or dentist; or
- (3) The written statement from a licensed physician or dentist shall be documented on a form designated by the department.

(c) Medical assistance applications of individuals eligible for emergency processing shall be processed as follows:

- (1) Applicants shall provide documents required to establish eligibility which can be secured within forty-eight hours or two working days of the request for emergency processing;
- (2) The department shall expedite the application by making as many telephone inquiries as possible whenever necessary documents cannot be secured within two working days to determine eligibility. These inquiries shall be documented in the case file;
- (3) Applicants shall provide to the department a written consent to secure any information necessary to establish eligibility;
- (4) All written information required to establish eligibility shall be provided by the

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- applicant within forty-five days after an expedited determination of eligibility;
- (5) An applicant shall be informed that any false or withheld information shall subject the applicant to fraud penalties or repayment requirements;
 - (6) Applicants who are suffering from an emergency medical condition who are determined eligible for medical assistance within forty-eight hours shall be issued a temporary identification coupon for all covered medical services.
 - (7) When eligibility for medical assistance for applicants suffering from an emergency medical condition cannot be determined within the forty-eight hours, the department shall issue a temporary medical identification coupon to be used only for the medical condition which necessitated the emergency processing of the application.
[Eff 08/01/94; am 01/29/96] (Auth: HRS §346-29) (Imp: 42 C.F.R. §§430.25, 435.911)

§17-1711-9 Processing of applications for Hawaii QUEST. (a) Eligibility for the QUEST program shall be determined based on the information provided on the application form.

(b) Questionable information shall be verified by telephone inquiries or written documents whenever possible.

(c) Applicants shall provide to the department a written consent to secure any information necessary to establish eligibility.

(d) Verification required to establish eligibility, which cannot be provided expeditiously, shall be provided by the applicant within thirty days of the date of approval. Assistance shall be terminated effective the first day of the month following the thirtieth day if verification required to establish eligibility is not received.

(e) An applicant shall be informed that any false or withheld information shall subject the applicant to fraud penalties or repayment requirements.

[Eff 08/01/94; am 01/29/96] (Auth: HRS §§346-14, 346-29) (Imp: 42 C.F.R. §430.25)

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§17-1711-10 Application for retroactive medical assistance in the fee for service program. (a)

Individuals applying for retroactive medical assistance in the fee for service program shall be required to:

- (1) Submit a completed application form to the appropriate office if the application is only for retroactive medical assistance coverage; or
- (2) Request retroactive medical assistance coverage:
 - (A) On the individual's or family's original application form; or
 - (B) By submitting a written request, if the request is made in conjunction with or after an application for financial or medical assistance only has been made.

(b) The effective date of eligibility for retroactive medical assistance shall be determined no earlier than the first day of the three months prior to the month in which the application form is received if the applicant:

- (1) Received eligible services, at any time during that period; and
- (2) Would have been eligible at the time services were received had an application been submitted. [Eff 08/01/94] (Auth: HRS §346-29) (Imp: 42 C.F.R. §435.914)

§17-1711-11 Withdrawal or discontinuance of application. (a) An applicant may withdraw or discontinue an application through a written or verbal request. Such requests shall be appropriately documented and filed in the case record. A notice shall be sent to confirm the withdrawal.

(b) The department may discontinue an application for any of the following reasons:

- (1) Death of an applicant prior to eligibility determination and:
 - (A) Insufficient information provided at the point of application to determine eligibility; or
 - (B) No other person or representative initiated action to apply for the deceased.
- (2) The applicant's whereabouts are unknown. The eligibility worker's efforts to contact the absent applicant shall be documented in the case record.

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- (3) The applicant failed to respond to a notice for additional information or need for follow-up action. [Eff 08/01/94]
(Auth: HRS §§346-14, 346-29) (Imp: 42
C.F.R. §435.913)

§17-1711-12 Verification prior to approval. The department shall verify the following items of information on the application and assignment of possible third party liability and child support benefits forms in the manner specified below, prior to the approval of eligibility:

- (1) Gross non-exempt income of all individuals;
- (2) Non-exempt resources of all individuals applying for coverage groups which require a resource limit;
- (3) Blindness as determined in accordance with the provisions of chapter 17-1721;
- (4) Disability as determined in accordance with the provisions of chapter 17-1721;
- (5) Prior determination of blindness or disability is still valid by viewing any of the following items:
 - (A) Social Security Administration (SSA) Title II or SSI-SSP award letters indicating receipt of disability benefits, provided the re-examination date is not indicated;
 - (B) SSA notification that disability benefits have been increased or decreased;
 - (C) Railroad Retirement Board notification or a disability award;
 - (D) A signed statement from the SSA stating that the individual is eligible for Title II benefits on the basis of disability;
 - (E) Documentation of prior determination of disability by the department's Aid to Disabled Review Committee (ADRC);
 - (F) Data on the State Data Exchange (SDX) which shows that a person entering a long-term care facility was discontinued from SSI-SSP for reasons other than cessation of disability or blindness;
 - (G) Documentation of prior determination of blindness by the department's consultant

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- ophthalmologist with the vocational rehabilitation and services for the blind division (Ho'opono) at Ho'opono;
or
- (H) SSA Title II check stating the payment is on the basis of disability;
- (6) United States citizenship, by examining:
 - (A) Birth documents;
 - (B) A valid United States passport;
 - (C) Naturalization papers; or
 - (D) Other evidence or documents of probative value;
- (7) Lawful admission for permanent residence in the United States by examining the recipient's:
 - (A) Alien registration receipt card (INS Form I-151), commonly referred to as the "Green Card"; or
 - (B) Re-entry permit, used for travel purposes by bearers who shall already have in possession an INS Form I-151 card, or other documentation from the Immigration and Naturalization Service (INS);
- (8) Permanent residence in the United States under color of law, by examining the recipient's:
 - (A) INS Form I-94 (Arrival - Departure record) endorsed "Refugee - Conditional Entry";
 - (B) INS Form I-94 endorsed to show the applicant has been paroled for an indefinite period pursuant to Section 212(d)(5) of the Immigration and Nationality Act (8 U.S.C. §1255);
 - (C) Documentation in the form of correspondence from the INS stating the applicant has been granted indefinite voluntary departure or an indefinite stay of deportation;
 - (D) Evidence of continuous residence in the United States prior to January 1, 1972 pursuant to provisions of Section 249 of the Immigration and Nationality Act (8 U.S.C. §1259); or
 - (E) Other evidence of probative value;
- (9) Age of applicant and recipient by examining:
 - (A) Birth documents;

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- (B) A valid United States passport;
 - (C) Naturalization papers;
 - (D) Baptismal papers; and
 - (E) Other evidence or documents of probative value; and
- (10) Application for child support and, where applicable, appropriately initiate an application to establish paternity.
[Eff 08/01/94] (Auth: HRS §346-14)
(Imp: 42 C.F.R. §§435.403, 435.406, 435.408, 435.530, 435.540, 435.604, 435.732, 435.831, 435.845)

17-1711-13 Requirements for disposition of application. (a) The eligibility worker shall contact the applicant through an office interview, a telephone contact, or a home visit before the application is approved.

(b) Contact with an applicant shall not be required if the application is to be denied by the department or withdrawn by the applicant.

(c) Information on the application form shall be considered completed and substantiated when the individual or the authorized representative states that the information is true and correct by signing the application form, unless:

- (1) The applicant's statements do not conform to other facts in the case situation;
- (2) Any part of the information furnished is found to be unclear, inconsistent, or incomplete; or
- (3) The department has specific policies or procedures which require verification of facts such as income, assets, citizenship, birthdate, disability and blindness.

(d) The eligibility worker shall determine whether the applicant is eligible for medical assistance according to established departmental rules. The decision regarding eligibility or ineligibility shall be supported by facts in the applicant's case record. Each application is to be disposed of by a finding of eligibility or ineligibility unless the application is discontinued.

(e) Timely dispositions of eligibility or ineligibility shall be made within:

- (1) Sixty days from the date of application for applicants who apply for medical assistance

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- on the basis of disability; or
- (2) Forty-five days from the date of application for all other applicants.
- (f) Determination of eligibility or ineligibility shall be completed pursuant to this section except when:
- (1) The department is unable to reach a decision because the applicant or an examining physician delays or fails to take a required action; or
- (2) There is an administrative or other type of emergency beyond the department's control.
- (g) The department shall document the reasons for delay in the applicant's case record.
- (h) The department shall not use the time standard specified in subsection (e) as a:
- (1) Waiting period before determining eligibility; or
- (2) Reason for denying eligibility.
- (i) A delay beyond the time standard which is attributable to the department shall not result in the withholding of medical assistance from the applicant. A presumption of medical eligibility shall be made effective on the forty-sixth day or on the sixty-first day until a determination is rendered.
- (j) An applicant who does not attend a scheduled interview and does not contact the department to express interest in pursuing the application shall be sent a notice of discontinuance not earlier than the thirtieth day from the date of application.
- (k) An applicant who is requested to submit additional information or verification to establish the claim of eligibility shall be given ten calendar days to provide the information or verifying material from the date the request is made by the eligibility worker.
- (l) An applicant who fails to provide the necessary information and verification to establish the claim for eligibility shall not have the application denied until at least thirty days have elapsed from the date of application.
- (m) An applicant who fails to provide the necessary information and verification to establish the claim for eligibility within the time limits established in subsections (k) and (l) shall be ineligible for medical assistance. [Eff 08/01/94; am 01/29/96] (Auth: HRS §346-14) (Imp: HRS §346-29; 42 C.F.R. §435.911)

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§17-1711-14 Notification to applicant of disposition of application. (a) The applicant shall be sent a written notice that contains a statement of the action taken, the reasons for the action, the specific rules supporting the action, and an explanation of the applicant's right to request a hearing.

(b) If the application is approved, the notice shall include the medical assistance which shall be provided to the applicant.

(c) If the application is denied, the notice shall include:

- (1) An explanation of the basis for the denial;
 - (2) The applicant's right to request a hearing;
 - (3) The telephone number of the med-QUEST eligibility office or FASD income maintenance unit;
 - (4) The name of the person to contact for additional information; and
 - (5) That there is an organization that provides free legal representation.
- [Eff 08/01/94] (Auth: HRS §§346-14, 346-29) (Imp: 42 C.F.R. §435.912)

§17-1711-15 Reapplication. A new application form need not be completed when the applicant, whose application for medical assistance was denied or discontinued, reapplies for medical assistance within one hundred twenty days from the date of the previous application. The application form shall be reviewed with the applicant, and any changes shall be recorded on the application form and other appropriate department forms. The new date of application shall be entered on the application form. The reapplication shall be processed in the same manner as a new application. [Eff 08/01/94] (Auth: HRS §§346-14, 346-53) (Imp: HRS §346-29)

§17-1711-16 Requirements for individuals to be added to a recipient household. (a) A newborn born to a mother who is a QUEST recipient shall be added to the household in the following manner:

- (1) A newborn of a QUEST enrollee shall be enrolled in the mother's health plan effective the date of birth, regardless of when the birth is reported.

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- (2) A newborn of a QUEST participant shall be eligible for coverage on a fee for service basis effective the date of birth, regardless of when the birth is reported, to the date the enrollment process has been completed to enroll the newborn in a QUEST plan.
- (3) The household shall be notified of:
 - (A) The newborn's enrollment in the mother's health plan; or
 - (B) The newborn's coverage on a fee for service basis and the effective date of coverage for the newborn.
- (b) A newborn of a recipient who is receiving coverage through the blind or disabled pregnant women and children coverage group shall be added to the household in the following manner:
 - (1) A newborn shall receive coverage on a fee for service basis effective the date of birth, regardless of when the birth is reported, to the date the enrollment process has been completed to enroll the newborn in a QUEST plan.
 - (2) The household shall be notified of:
 - (A) The newborn's coverage on a fee for service basis; and
 - (B) The effective date of coverage for the newborn.
- (c) Individuals, excluding newborns described in subsections (a) and (b), shall be added to a recipient's household as follows:
 - (1) A written request by the recipient to add the individual on a form prescribed by the department shall be submitted to the department.
 - (2) Eligibility shall be established in accordance with QUEST, or coverage for aged, blind, or disabled individuals eligibility requirements. [Eff 01/29/96; am 06/19/00; am 12/03/01; am 05/10/03] (Auth: HRS §346-14) (Imp: 42 C.F.R. §435.911)

§17-1711-17 Medical assistance identification cards. (a) Persons eligible for medical assistance shall be issued a medical assistance identification card from the department or the department's fiscal agent.

(b) The department shall issue temporary medical assistance identification coupons for:

- (1) Physical or mental health evaluations required to determine an individual's eligibility for a financial assistance or medical assistance program;
- (2) Evaluations required to initiate a foster placement or the return of a child to the child's natural parent;
- (3) Applicants who meet the medical assistance emergency processing requirement described in the application provisions of this subtitle;
- (4) Applicants for whom a presumption of eligibility is made because of the untimely processing of an application for medical assistance, to include financial assistance applicants;
- (5) Applicants who meet the medical assistance emergency requirement for aliens described in chapter 17-1723;
- (6) Applicants who meet the requirements of chapters 17-1733 and 17-1734 whose eligibility does not begin on the first day of the first eligible month;
- (7) Inmates of public institutions who are eligible for inpatient medical services; and
- (8) Recipients whose eligibility files cannot otherwise be corrected.

[Eff 05/10/03](Auth: HRS§346-14; 42
C.F.R. §431.10) (Imp: 42 C.F.R. §435.930)